



RPS
Professional
Standards
for Homecare
Services 2024



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Introduction

Following the publication of the Hackett Report in 2011¹, the development of the original Professional Standards for Homecare Services was led by the Homecare Standards Workgroup, overseen by the Department of Health Homecare Strategy Board, and hosted and published in 2013 by the Royal Pharmaceutical Society (RPS).

These standards have been developed and updated to reflect the growth and increasing complexity of Homecare Services. Homecare Services are often multi-organisation services and often involve new-to-market medicines that require additional monitoring and reporting.

This document updates and replaces the 2013 version of the RPS Professional Standards for Homecare Services. At the time of first publication, the standards needed to be comprehensive and it was possible to read the domains independently. Much of the repetition between domains and implementation detail included in the original standards has been removed from this update, as much of the detail is now included in the RPS Handbook for Homecare Services published in 2014 and the associated appendices. The updated standards provide a succinct framework applicable to all Homecare Services. As there have been significant changes, it is strongly recommended that all definitions are read and understood to assist in the interpretation of the standards themselves and the document should be read in full. We direct you to the particular importance of understanding the definition of Homecare Organisation and Commissioners prior to reading these Standards.

The term Homecare Organisation is used to indicate any organisation providing Homecare Services and is not limited to only NHS organisations. Homecare Organisation is defined as any organisation providing Homecare Services e.g., homecare provider, company or legal entity providing Homecare Services, NHS Foundation Trust, Health Board, nursing agency, social enterprise, and equivalents in devolved nations.

The term Commissioner is used to indicate any organisation that commissions or funds the Homecare Services, including pharmaceutical manufacturers, NHS England (NHSE), Integrated Care Board (ICB), other clinical Commissioner and equivalents in devolved nations.

The development and updating of the standards comply with the RPS process for the development of standards and guidance. The process has been led by an expert group and wide stakeholder consultation, with engagement from Royal College of Nursing and the Pharmaceutical Society of Northern Ireland (PSNI).

PURPOSE OF THE PROFESSIONAL STANDARDS

One of the roles of a professional body is to develop professional standards that are supportive, enabling and professionally challenging. These overarching professional standards give a broad framework which will support teams that plan, commission and provide Homecare Services to improve care continually and to shape future care and Homecare roles in delivering high quality Patient care. Ultimately, these standards will help Patients experience a consistent quality of Homecare Service that will protect them from incidents of avoidable harm and help them to get the best outcomes from their medicines.

These standards:

- apply irrespective of which Homecare Organisation delivers each element of the multi-organisation Homecare Service.
- promote leadership and strategic planning within Homecare Services.
- support ongoing work to continually improve Homecare Services, Patient care and experience.

1. [Homecare Medicines Towards a Vision for the Future](#)

SCOPE OF THE PROFESSIONAL STANDARDS

These standards represent **quality care** across the full range of Homecare Services in the United Kingdom.

These standards underpin **Patient experience** and the safe and effective management of medicines across Homecare Services.

These standards are intended to support developments in professional practice across the United Kingdom.

Homecare Services involve the whole multidisciplinary healthcare team and wider healthcare workforce, therefore these standards apply to all Healthcare Professionals and Homecare Teams, including but not limited to:

- Medical practitioners
- Nurses
- Pharmacists
- Pharmacy Technicians
- Allied Healthcare Professionals including Physiotherapists, Occupational Therapists, Speech Therapists, Dieticians
- Healthcare Support Workers including administrative and finance staff
- Caldicott Guardians
- Data Protection Officers
- Senior Information Risk Officers (SIRO) and Information asset owners
- Safeguarding Leads

- Child Protection Officers
- Freedom to Speak up Guardians
- Medication Safety Officers
- Device Safety Officers

These standards are designed to be used in addition to relevant legal frameworks and the standards required by regulators, the NHS Litigation Authority (and their equivalents in devolved countries), and the Home Office for controlled drugs. Regulators include but are not limited to:

- General Pharmaceutical Council (GPhC)
- Pharmaceutical Society of Northern Ireland (PSNI)
- Care Quality Commission (CQC)
- Care Inspectorate Scotland
- Regulation and Quality Improvement Authority (RQIA)
- Nursing and Midwifery Council (NMC)
- General Medical Council (GMC)
- Medicines and Health Regulatory Agency (MHRA)
- Information Commissioners Office (ICO)
- Health & Safety Executive (HSE)

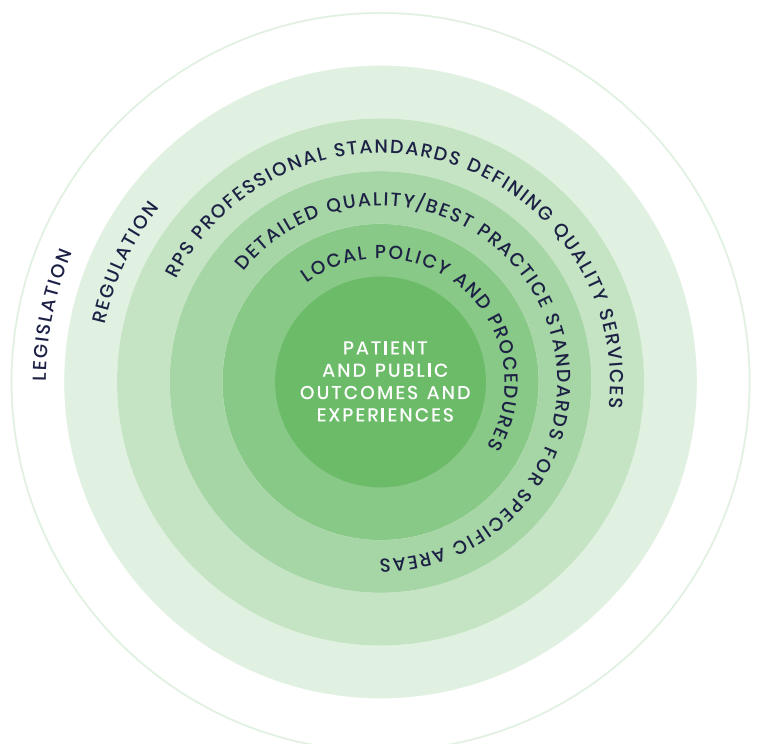


Figure 1.

Where RPS professional standards sit

RESPONSIBILITY AND ACCOUNTABILITY

The provision of Homecare Services often requires the co-ordinated involvement of a range of NHS and other organisations.

The Homecare Organisation contracting the Homecare Service maintains overall responsibility for the Homecare Service.

The Homecare Organisation is accountable for its actions and where services are sub-contracted by one Homecare Organisation to another there is a cascade of delegated accountability, that ensures within each level, there is a designated person responsible for Homecare Services.

Definitions of responsibility and accountability are documented and clearly understood by all parties.

Whilst commissioned or sub-contracted Homecare Organisations have a duty of care for homecare Patients, overall clinical responsibility remains with the Clinical Team at the Clinical Referring Centre at all times.

Within this document the term "Chief Pharmacist or Equivalent" is used to describe the Healthcare Professional with ultimate responsibility for all aspects of the Homecare Services, including all interactions with and impacts on other Homecare Organisations. The Chief Pharmacist or Equivalent works closely with the Senior Clinical Homecare Lead to provide oversight and leadership for the Homecare Services and Homecare Team.

USES OF THE PROFESSIONAL STANDARDS

These standards will be used by all Healthcare Professionals involved in the planning, commissioning or provision of Homecare Services. They provide:

Patients with recognised standards that they should expect when they experience Homecare Services.

Healthcare Professionals with a consistent set of standards against which they can be held accountable. These standards provide a framework to continually develop professional practice, improve care and innovate in their own organisations and with partners who deliver Homecare Services.

The Homecare Team and Clinical Team with a framework of standards that allows them to recognise, develop and deliver the best possible outcomes for Patients.

Commissioners of Homecare Services with a framework for quality that will help to inform and support commissioning of Homecare Services.

STRUCTURE OF THE PROFESSIONAL STANDARDS

There are eight high level standards, which are grouped into three domains, as illustrated in 'Figure 2 – The eight standards for Homecare Services'. Each standard is defined by dimensions.

The eight standards are linked, and so there may be some overlap between the different sections. To ensure that the standards are used to fully reflect high quality Homecare Services, we recommend that all definitions are read and understood to assist in the interpretation of the eight standards.

It is recommended that the RPS Handbook for Homecare Services is used to support the implementation of these standards in practice.

DEFINITIONS

Chief Pharmacist or Equivalent - for the purposes of these standards this term is used to describe the senior Healthcare Professional with overall responsibility for the provision of Homecare Services within the Homecare Organisation or Commissioner. Examples include the Chief Pharmacist of an NHS Foundation Trust, or the Superintendent Pharmacist in a Homecare Service provider, or the Lead Pharmacist in a commissioning organisation or other appropriately registered Healthcare Professional appointed by the Homecare Organisation's Board.

Clinical Care Pathway - the expected care to be provided by the healthcare service including specialist referral, diagnosis, medication supply route options, medicine and device options, dosage routes and frequencies, routine tests, decision points, treatment end points, interventions, step-up step-down care, and care options.

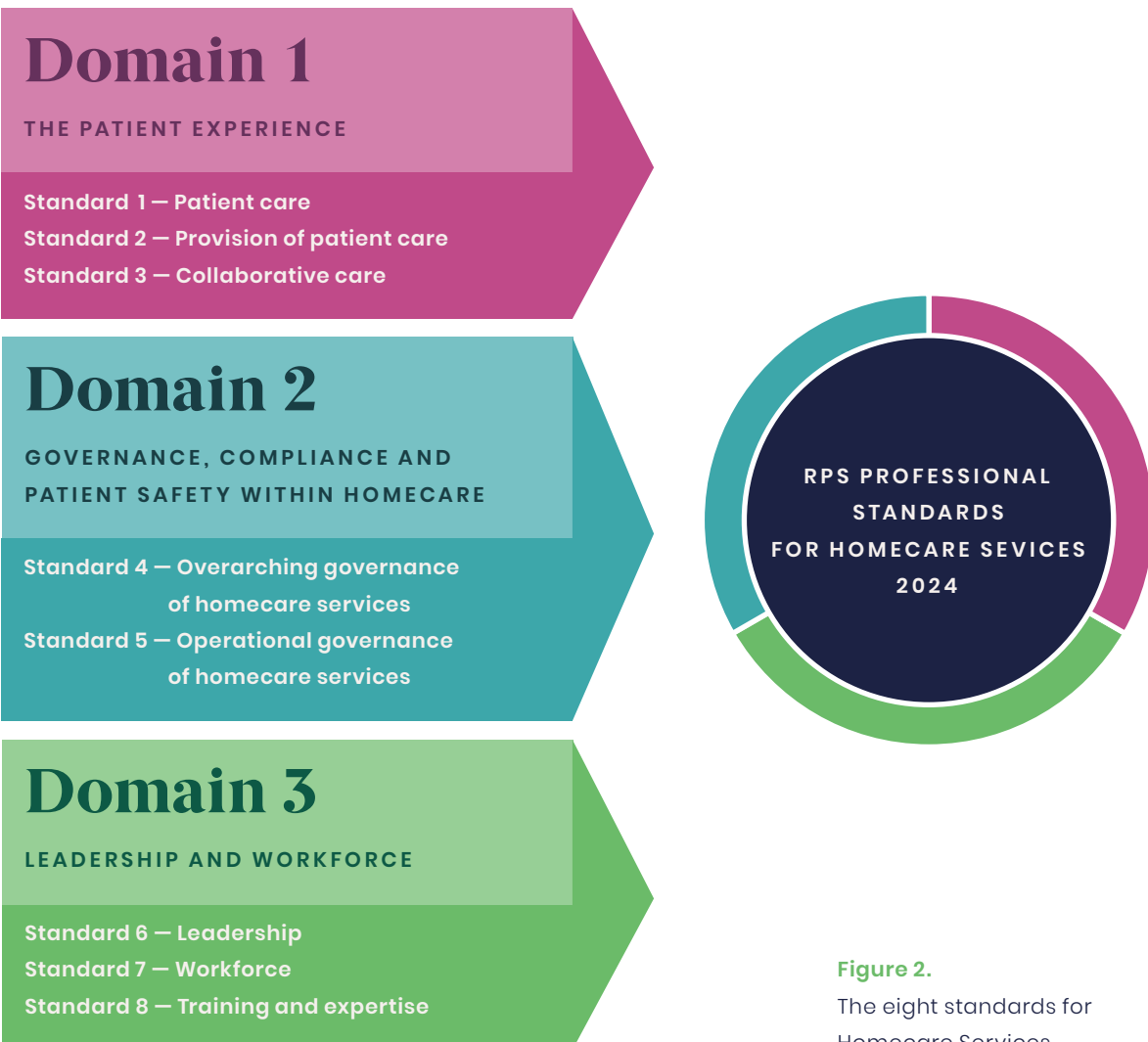


Figure 2.
The eight standards for Homecare Services.

Clinical Referring Centre - The healthcare organisation with overall responsibility for all elements of the Patient's clinical care. The Clinical Team within the Clinical Referring Centre is responsible for referring Patients to Homecare Organisations to initiate Homecare Services.

Clinical Team - multidisciplinary team of Healthcare Professionals involved in the management and delivery of a specific Clinical Care Pathway.

Commissioner - the organisation that commissions or funds the Homecare Services, including pharmaceutical manufacturers, NHS England (NHSE), Integrated Care Board (ICB), other clinical Commissioner, and equivalents in devolved nations.

Contract - legally binding written agreement e.g., commercial contract and Service Level Agreement.

Healthcare Professional - In line with CQC definition: A Healthcare Professional is a person registered with any of the following professional bodies, who is permitted by that body to provide or supervise the provision of the regulated activity:

- Health and Care Professions Council
- Nursing and Midwifery Council
- General Pharmaceutical Council
- General Medical Council
- General Dental Council
- General Osteopathic Council
- General Optical Council
- General Chiropractic Council
- Social Work England

The term Healthcare Professional also includes any professional who is included within a 'Section 60' order of the Health Act 1999. This includes professionals regulated under the Pharmacy (Northern Ireland) Order 1976 and pharmacists regulated by the Pharmaceutical Society of Northern Ireland.

Healthcare Support Worker - staff working across a variety of healthcare settings, under the supervision of a Healthcare Professional, supporting them and helping Patients.

Home - normal place of residence for Patients, including but not limited to care homes, nursing homes, respite care facilities, residential schools and may include holiday accommodation.

Homecare Organisation - any organisation providing Homecare Services e.g., homecare provider, company or legal entity providing Homecare Services, NHS Foundation Trust, Health Board, nursing agency, social enterprise, and equivalents in devolved nations. Where all or part of the Homecare Services are sub-contracted, agreements are in place to define the responsibilities and the sub-contractor is subject to regular audit to ensure compliance with the relevant Contract and these standards.

Homecare Pathway - the expected care to be provided in relation to the Homecare Service.

Homecare Service - a service that delivers ongoing medicine supplies and, where necessary, associated care, initiated by the appropriate hospital or specialist prescriber, direct to the Patient. The purpose of the Homecare Service is to improve Patient care and provide choice of medicine supply route options within their Clinical Care Pathway.

Homecare Staff - Any person involved in the provision of a Homecare Service and/or working on behalf of the Homecare Organisation.

Homecare Team - multidisciplinary and cross-organisational team involved in the management and delivery of a Homecare Service.

Individual Care Plan - adjustments to the Clinical Care Pathway and/or Homecare Pathway defined for an individual Patient.

Patients - covers the full range of people using Homecare Services across sectors, including children and young adults, and their carers.

Senior Clinical Homecare Lead - is assigned for each Homecare Organisation. This clinical role is responsible for all clinical aspects of their Homecare Services and works in partnership with the Chief Pharmacist or Equivalent to ensure high quality of care and Patient safety. The Senior Clinical Homecare Lead can be any appropriate specialist Healthcare Professional e.g., consultant, specialist nurse, or other allied Healthcare Professional.

Domain 1

The patient experience

STANDARD 1 PATIENT CARE

- 1.1 The views of Patients and colleagues are actively sought and used to inform the development and delivery of Homecare Services. Patients will have access to open communication channels and multiple ways of giving feedback about their care and experience with Homecare Services.
- 1.2 Patient autonomy is promoted and Patients are involved in decisions relating to their care and understand the options available to them, including expected outcomes and potential risks.
- 1.3 Patients understand their responsibilities and comply with their Homecare Pathway and provisions of their Homecare Service.
- 1.4 Patients can have meaningful discussions about their homecare medicines and their suitability for the Homecare Service with an appropriately trained Healthcare Professional.
- 1.5 Multidisciplinary team Individual Care Plans are put in place for Patients who require reasonable adjustments or ongoing support in addition to that detailed in the Homecare Pathway.
- 1.6 Patients should be provided with information about their Homecare Pathway in a form that they can access and understand and in accordance with appropriate Accessible Information Standards. Where possible, information is offered in a format that is culturally sensitive or accessible to Patients with additional needs such as physical, sensory or learning disabilities, and to Patients who do not speak or read English.
- 1.7 Patients have access to appropriate support to deal with and resolve queries and/or signpost Patients to appropriate sources of information relating to their Homecare Pathway or the Homecare Service.
- 1.8 Patients agreeing to receive the Homecare Service will be provided with clear information about how their personal information will be shared and stored within and between Homecare Organisations.
- 1.9 Where the Homecare Service involves self-administration of medicines, Patients are trained and assessed under the supervision of Healthcare Professional as being competent to self-administer their medication. This includes the use of any equipment or ancillaries provided as part of the Homecare Service. Self-administration training and assessment should be repeated at intervals appropriate to the Homecare Pathway.
- 1.10 Patients are provided with appropriate supplies of ancillaries.
- 1.11 Patients are provided with appropriate equipment and know who to contact and what action to take in the event of equipment failure.
- 1.12 Where a Patient is deemed to be unsuitable for the Homecare Service or the Homecare Service does not meet the Patient's needs, the Clinical Referring Centre must discuss alternative medicines supply routes, Homecare Pathway and/or Clinical Care Pathways with the Patient and ensure there is seamless transition to appropriate ongoing care.
- 1.13 The needs of Patients are balanced with the need to ensure the safety of Homecare Team and Patients, and there is a zero tolerance policy for abuse.
- 1.14 Patients are treated with dignity and respect and confidentiality is maintained at all times.
- 1.15 Homecare Services comply with the relevant regulations.

STANDARD 2

PROVISION OF PATIENT CARE

- 2.1 Prior to referral, Patients have their medical history, clinical needs and suitability for the Homecare Pathway assessed by an appropriately trained Healthcare Professional.
- 2.2 Homecare Patients have their clinical status, adherence and suitability for the Homecare Service assessed by an appropriately trained Healthcare Professional at appropriate intervals in accordance with their Homecare Pathway and/or Individual Care Plan.
- 2.3 Patients who are self-administering medicines at Home must be assessed as competent to self-administer on initiation of the service and at regular intervals thereafter.
- 2.4 Prescriptions are clinically validated by an appropriately trained Healthcare Professional prior to being made available to the dispensing pharmacy.
- 2.5 The Clinical Referring Centre will ensure any changes to dosage, medication or care are communicated and agreed with the Homecare Organisation without delay to ensure continuity of care and maintain Patient safety, whilst minimising medicines wastage.
- 2.6 Communication processes are in place to ensure the Patient is involved in decisions about their care and understand any changes in the Homecare Service, Homecare Pathway and/or their Individual Care Plan. Contemporaneous records of verbal communications between the Patient and Homecare Staff are kept by the Homecare Organisation, especially where those verbal communications require actions to be taken.
- 2.7 The Clinical Referring Centre provides appropriate information about the Patients' Homecare Service to their General Practitioner.

- 2.8 Prescribers and other members of the multidisciplinary Homecare Team have access to appropriate support to deal with and resolve queries.
- 2.9 Homecare Service design considers service discontinuation for individual Patients and those transitioning to alternative medicines supply routes, or for representatives of homecare Patients who have died.

STANDARD 3

COLLABORATIVE CARE

- 3.1 There is a whole system approach to the design, commissioning, implementation and governance of Homecare Services at national, regional and local levels.
- 3.2 Processes are in place to provide holistic support to Patients throughout their Homecare Pathway and/or Clinical Care Pathway, including transitioning to the Homecare Service, within/between Homecare Services and when discontinuing the Homecare Service.
- 3.3 Homecare Services are provided by multidisciplinary teams who understand and respect each other's responsibilities and professional judgement, and work within their own level of competence.
- 3.4 Responsibilities are clearly defined for each aspect of care and for handovers within and between Homecare Organisations to ensure seamless care.
- 3.5 All members of the Homecare Team have access to the necessary information to be able to discharge their duty of care.
- 3.6 Communication processes are in place to ensure relevant information is shared without delay with relevant Homecare Staff and Healthcare Professionals involved in the Patient's care to ensure continuity of care and Patient safety.

- 3.7 Communication processes are in place to ensure all relevant members of the Homecare Team, Clinical Team and other Healthcare Professionals involved in the care of the Patient are informed of any changes in the Patient's circumstances, treatment, or condition without delay. Verbal communications requiring action to be taken are confirmed in writing.
- 3.8 Communication processes within Homecare Services are reviewed to ensure they are robust and are working effectively.
- 3.9 Homecare Services ensure seamless transitions and handovers in the Clinical Care Pathway, Homecare Pathway and/or Homecare Services are subject to robust gap analysis and risk assessment, and any mitigation actions are implemented. Relevant members of the Homecare Team have access to the relevant risk assessments and are able to implement agreed risk mitigation actions.
- 3.10 Homecare Organisations and Commissioners facilitate transfer of existing Homecare Services between Homecare Organisations where appropriate.
- 3.11 If a Homecare Service is withdrawn, Homecare Organisations and Commissioners work together to ensure Patients are seamlessly transferred to a suitable alternative medicines supply route, Homecare Pathway or Clinical Care Pathway.
- 3.12 Homecare Organisations and Commissioners work together to maintain Patient safety and mitigate the impact of operational or supply disruptions and shortages of medicines.
- 3.13 Homecare Organisations work closely together to investigate complaints and incidents. Where multiple organisations are involved, a lead investigator is appointed to minimise duplication of reporting.
- 3.14 Lessons learned from investigation of complaints and incidents in Homecare Services are shared with multidisciplinary Homecare Teams across Homecare Organisations at national, regional and local level, and learnings are acted upon to improve practice.
- 3.15 Homecare Organisations and Commissioners work collaboratively with key stakeholders to ensure Homecare Services deliver value across the health community and supports the optimal use of homecare medicines.
- 3.16 Members of the Homecare Team participate in local networks and have access to expertise from regional homecare specialists and national oversight groups.
- 3.17 Opportunities for collaboration and sharing best practice across healthcare organisations are identified and utilised for example through joint posts for regional activities or meetings between senior Homecare Team members in different Homecare Organisations and Commissioners.
- 3.18 Where Homecare Services cross borders, relevant regional differences between England, Scotland, Wales, Northern Ireland, Channel Islands and Isle of Man are considered in the design of any Homecare Services.

Domain 2

Governance, compliance and patient safety within homecare

STANDARD 4

OVERARCHING GOVERNANCE OF HOMECARE SERVICES

4.1 Robust governance frameworks are in place for Homecare Services at national, regional and local level.

4.2 Governance arrangements are in place for the planning, design, commissioning, operational and change management of all Homecare Services at national, regional and local level to ensure Patient safety and regulatory compliance.

4.3 Overall clinical responsibility for all elements of the Homecare Service is retained by the Patient's Clinical Team within the Clinical Referring Centre. Homecare Organisations and Homecare Staff have a duty of care to Patients and a duty to act in their best interests.

4.4 Homecare Organisations and Homecare Staff manage conflicts of interest in line with organisational, national, regulatory, and professional guidance.

4.5 Homecare Organisations and Homecare Staff take responsibility for their actions and inactions.

4.6 Patient safety:

- Homecare Services are commissioned, designed and implemented to minimise occurrence of unintended, unexpected and avoidable Patient harm.

- Each Homecare Organisation has and follows a Duty of Candour Policy.

4.7 Freedom to speak up:

- There is a candid, open and honest culture encouraging diversity, equality, and inclusion.
- All members of the Homecare Team feel safe and able to speak up about anything that hinders the delivery of safe, high quality care or affects their experience in the workplace. There is a clear route of escalation.
- All concerns are investigated and, if substantiated, dealt with at an appropriate level in line with the organisational policy.

4.8 Complaints and incidents:

- Robust complaints and incidents processes are in place which ensure appropriate actions are taken where incidents or issues (potential and actual) are identified and captured. Reporting is undertaken in accordance with national guidance.
- Incidents are investigated appropriately; root cause analysis is undertaken, and learning supports continuous improvement.

4.9 Risk management:

- A robust risk management approach ensures high quality provision of Homecare Services.
- The principles of quality risk management are incorporated into all aspects of Homecare Services.
- Risk assessments are undertaken to support the introduction of new Homecare Services and changes to existing Homecare Services. Regular risk assessments are an integral part of the review of ongoing Homecare Services.
- Appropriate actions are identified and implemented to mitigate the risks.
- Risk registers are maintained and regularly reviewed.

4.10 Change management:

- Any changes to service provision or medicines specifications are subject to risk assessment, change control and documentation.

- Processes and ways of working are documented, approved and continue in force until change management processes to update or withdraw are completed.
- Where case specific or temporary change is required, a variation to the approved process or way of working must be documented and authorised by the relevant committee.
- Changes and variations must be robustly implemented and effectively communicated to all relevant stakeholders.
- Significant changes must follow a robust implementation plan.

4.11 Audit:

- Homecare Services are subject to regular audits against applicable regulatory and professional standards.
- A programme of audit informs the continuous improvement and development of systems.
- Audit trails are maintained to underpin the supply, storage and distribution of homecare medicines and provide assurance on product quality and integrity up to the point of administration.

4.12 Safeguarding:

- Homecare Organisations have a designated Safeguarding Lead and Homecare Staff are provided with appropriate safeguarding training which is regularly refreshed.
- Members of the Homecare Team, including specialist homecare delivery drivers, are subject to safeguarding controls and monitoring in accordance with the relevant regulations.

4.13 Equality and diversity:

- Homecare Services are designed to support equal access to Homecare Services for all Patients.
- Homecare Organisations collect and understand demographic data relating to equality and diversity and have an action plan to address any identified inequalities.

- Homecare Organisations support an inclusive and diverse culture of belonging for all staff.

4.14 Environmental impact:

- The environmental impact is considered when designing Homecare Services, which includes but not limited to prescribing, supplying, reviewing, procuring, and disposing of homecare medicines.

4.15 Information governance:

- Information governance processes in line with legislation are in place to protect Patient identifiable data used to provide the Homecare Service.
- Where Homecare Services are interrupted, withdrawn or ceased, Homecare Service information is securely managed in accordance with the Homecare Organisation's document retention policy.

4.16 Health and Safety:

- Homecare working environments are subject to risk assessment in line with Health and Safety legislation and other applicable regulatory standards.
- Appropriate steps are taken to mitigate identified risks and specifically to protect lone and remote workers.

4.17 Financial governance:

- Homecare Organisations and Commissioners must have robust financial governance in accordance with prevailing financial standards and regulations.
- National, regional and local guidance relating to homecare medicines and Homecare Services are incorporated into business and financial planning activities.

STANDARD 5

OPERATIONAL GOVERNANCE OF HOMECARE

SERVICES

- 5.1 All members of the Homecare Team ensure that good operational governance is embedded in the Homecare Service.
- 5.2 Homecare Organisations must make reasonable efforts to use digital systems as their first choice and support development and deployment of digital technologies in accordance with applicable regulations and national standards.
- 5.3 The type and level of resources required to deliver a safe, effective, and efficient Homecare Service are identified and available at national, regional and local level. Shortfalls are recognised and mitigation actions put in place to minimise operational and Patient safety risks.
- 5.4 Organisational responsibilities of all parties involved in the delivery of the Homecare Service are clearly defined and regularly reviewed.
- 5.5 Homecare Services are performance managed through Contract and/or Contract quality monitoring at national, regional and local level, including a clear route of escalation.
- 5.6 Key performance indicators (KPIs) and activity reports are in place to enable internal and external assessment of the performance of Homecare Services at national, regional and local level. Operational performance is benchmarked against other relevant organisations.
- 5.7 Contingency plans are in place and regularly reviewed to maintain resilience of Homecare Services at national, regional and local level.
- 5.8 Medicines, devices, equipment and ancillaries provided are suitable for their intended use within the Home environment. Robust operator and Patient safety systems are in place for the manipulation, administration and disposal of high hazard medicines (e.g. chemotherapy).
- 5.9 Any unlicensed product and/or medicines custom-made by, or for, the Homecare Organisation are quality assured and appropriate for their intended use.
- 5.10 Processes are in place to ensure homecare medicines are stored in a secure and suitable environment at all times.
- 5.11 Procedures are in place to ensure there is appropriate waste management of disposed ancillaries and returned homecare medicines.
- 5.12 Validation(s) of homecare prescriptions:
- Each homecare prescription is independently and clinically validated by a Healthcare Professional with the appropriate competence and with access to the full Patient clinical record. This is to ensure the prescription is in accordance with the Patient's Individual Care Plan, clinically appropriate and legally valid.
 - Each homecare prescription is subject to additional contractual compliance checks by the Homecare Team prior to sending to the dispensing pharmacy.
 - Unless otherwise agreed, prescription validation(s) is completed within the Clinical Referring Centre.
 - Records of prescription validation(s) are clearly documented and communicated.
- 5.13 Dispensed homecare medicines are safely and securely delivered in line with relevant legislation and best practice.
- 5.14 Where Healthcare Professional(s) other than the dispensing pharmacy are involved in the onward supply or administration of the homecare medicine to the Patient, procedures are in place to ensure that each Healthcare Professional is fully aware of their responsibilities.
- 5.15 Where the Homecare Service includes administration of the homecare medicines by member(s) of the Homecare Team, they follow approved protocols, have visibility of the prescription at the point of medicine administration, and keep appropriate records.

Domain 3

Leadership and workforce

STANDARD 6

LEADERSHIP

- 6.1 The Chief Pharmaceutical Officer for each of the home nations is responsible for the overarching strategy for medicines use within Homecare Services. The Chief Pharmaceutical Officer will work in partnership with their Chief Medical Officer and Chief Nursing Officer to ensure homecare services are embedded into wider healthcare services strategy and planning and to ensure regulatory compliance across Homecare Services.
- 6.2 The Chief Pharmacist or Equivalent of the National and Regional Commissioners of Homecare Services, for example Health Boards, NHSE and ICBs, working in partnership with their Chief Medical Officer and Chief Nursing Officer, is responsible for ensuring appropriate resources are available at national, regional and local level to deliver high quality and compliant Homecare Services in accordance with national policy and their area strategy.
- 6.3 Appropriate homecare expertise informs policy, strategic and workforce planning.
- 6.4 High quality and compliant Homecare Services are embedded into overall healthcare provision supporting out-of-hospital care at national, regional and local levels.
- 6.5 Horizon scanning processes enable early discussions with clinicians, providers, partners, and Commissioners/purchasers about the financial pathways and service implications of introducing new medicines, new indications, or new therapeutic practices.
- 6.6 Each Homecare Organisation and Commissioner should have an agreed homecare strategy which is subject to periodic review and update as appropriate.
- 6.7 Each Homecare Organisation's senior leadership team is accountable for the strategic planning, implementation and delivery of high quality and compliant Homecare Services aligned with national, regional and local policy, strategy and priorities.
- 6.8 Each Homecare Organisation has a Homecare Policy or Medicines Management Policy which includes Homecare Services and provides strategic direction for local provision of Homecare Services in line with national and regional priorities. There is board level agreement to the vision for Homecare Services within the Homecare Organisation.
- 6.9 Each Homecare Organisation and Commissioner has a strategic workforce plan that ensures cost-effective use of staff practising at their highest skill level.
- 6.10 Each Homecare Organisation's senior leadership team lead by example through empowerment, compassion and commitment to continuous improvement.
- 6.11 The Chief Pharmacist or Equivalent reports to a designated Executive Board member and has a direct line of communication to the Board at their Homecare Organisation.
- 6.12 Homecare Organisations must have a Caldicott Guardian who has a direct line of communication to the Board at their Homecare Organisation.
- 6.13 Homecare Organisations must have a Freedom to Speak up Guardian or equivalent who has a direct line of communication to the Board at their Homecare Organisation.
- 6.14 The Chief Pharmacist or Equivalent and Senior Clinical Homecare Lead provide assurance to the Board at their Homecare Organisation on a regular basis, that appropriate resources are available to support the strategic planning, design and delivery of Homecare Services at national,

regional and local organisation levels in line with policy and strategy.

- 6.15 The Chief Pharmacist or Equivalent and Senior Clinical Homecare Lead provide assurance of the quality of the Homecare Services to the Board at their Homecare Organisation on a regular basis, through routine governance processes, risk management reporting, and compliance with these standards.
- 6.16 A culture of continuous learning and professional development is embedded across the Homecare Organisation.
- 6.17 Homecare Organisations have robust clinical and operational risk management processes in place.
- 6.18 Homecare Services are subject to regular clinical audit of expected versus actual outcome and results are shared with relevant stakeholders. Learning from clinical audit informs improvement in Patient care.

STANDARD 7

WORKFORCE

- 7.1 Homecare Organisations and Commissioners develop their workforce to meet the national policy, national and regional homecare strategy and the evolving needs of the wider health system.
- 7.2 Homecare Organisations support staff to develop knowledge, skills, competencies, and attributes to meet current and future service needs, anticipated activity levels, changing demographics, Patient's expectations, the introduction of new homecare medicines and advances in technology. Homecare Organisations consider the effective use of available and future staff resources in effective workforce planning.
- 7.3 The Chief Pharmacist or Equivalent and Senior Clinical Homecare Lead engage with workforce planners and education leaders at the appropriate level for their Homecare Organisation.

- 7.4 The Homecare Organisation benchmarks its workforce and skill mix against other relevant organisations.
- 7.5 The Homecare Team have the right skill mix and the capability and capacity to develop and provide quality Homecare Services to Patients.
- 7.6 Members of the Homecare Team are clear about their role and responsibilities which are clearly defined in job descriptions.
- 7.7 Contingency plans for the Homecare Service include provisions to ensure continuity of treatment for homecare Patients if key members of the Clinical Team and/or Homecare Team are not available.
- 7.8 Staffing levels are reviewed to support Homecare Service quality, productivity and safety. Suitable resources are in place to administer and co-ordinate the Homecare Services within each Homecare Organisation, taking into account national guidance where it exists.
- 7.9 Inclusion and wellbeing:
 - Homecare Staff are treated with kindness and respect, ensuring the diverse voices of colleagues are represented, heard, valued, and included in decision making.
 - Homecare Staff commit to better understand and respect each other's backgrounds, experiences, beliefs, boundaries, and choices and support individuals to be their authentic self when at work.
 - Homecare Staff receive appropriate support to understand and overcome their own personal biases.
 - Homecare Staff are empowered to look after their own mental and physical health and wellbeing, can speak up when work expectations and demands are unreasonable, and have access to wellbeing support.
 - Homecare Organisations have zero tolerance for any form of discrimination, bullying or harassment in the workplace

and staff can raise concerns without fear of repercussions.

- Homecare Organisations provide a healthy work-life balance for the Homecare Staff through encouraging them to take their full allocation of breaks and flexible working options wherever appropriate.

STANDARD 8

TRAINING AND EXPERTISE

- 8.1 All Homecare Staff are given induction training that is appropriate to their role to ensure they can provide a safe and effective Homecare Service to Patients.
- 8.2 Revalidation and refresher training are provided as required to maintain Homecare Staff competencies and skills as needed for their role and/or professional registration.
- 8.3 Homecare Organisations provide access to continued learning, professional and personal development opportunities for all Homecare Staff.
- 8.4 Trainees receive appropriate support and supervision from appropriate educational and practice supervisors/mentors/coaches.
- 8.5 Clinical supervision is an integral part of the Homecare Service.
- 8.6 Training records are maintained for mandatory and role related training for Homecare Staff who are subject to regular competency assessment.
- 8.7 Homecare Staff are supported to practise at their highest skill level.
- 8.8 Members of the Homecare Team are aware of their own level of competency and responsibility, work within their capabilities and receive regular feedback on their performance.
- 8.9 Homecare Organisations have an effective personal and professional performance management and development planning process.
- 8.10 Members of the Homecare Team who work with Patients in community settings receive

specific training related to the safety and security of themselves, other members of the Homecare Team and Patients.

- 8.11 National and regional level training programmes are used where available. All training programmes used are reviewed regularly and adapted to ensure that they remain fit for purpose.
- 8.12 The sharing and transfer of skills and experience within and across Homecare Organisations and Homecare Teams is encouraged through job exchanges, secondments or other appropriate means.
- 8.13 All members of the Homecare Team are supported in their role in the development of others, are trained appropriately and can meet any relevant standards and guidance.

Appendix 1

Acknowledgements

The names of the organisations and individuals who have contributed to the project are listed below, their input and support is gratefully acknowledged.

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